Signature

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				F	PTO/SB/05 (03-01) 2. OMB 0651-0032
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	TILITY	Attorney Dock			IV CTP2
	APPLICATION	First Inventor	Dani	el Lynn	2
	NSMITTAL				Collecting Components s Free or Vi
(Only for new nonprovision	al applications under 37 CFR 1.53(b))	Express Mail L	abel No. _{FLO}	39054469	סוו
	TION ELEMENTS	ADDRESS	6 <i>TO:</i> Box P	ant Commissio atent Application	on (€¦
	erning utility patent application contents			ington, DC 202	231
Applicant claims sn	rm (e.g., PTO/SB/17) COMMINICATION COMMINICATION COM	Comp 8. Nucleotide a	OM or CD-R in oputer Program (And/or Amino Aci	l <i>ppendix</i>) d Sequence Su	
Specification	[Total Pages 42]		e <i>, all necessary)</i> nputer Readable		
3. X (preferred arrangement - Descriptive title	set forth below) of the invention	٠. ــــــ	ition Sequence L		
 Cross Reference 	e to Related Applications	j. opesiles i. [•	CD-R (2 copies	s); or
- Reference to sec	rding Fed sponsored R & D quence listing, a table,	ii. [paper	•	
or a computer pa - Background of t	rogram listing appendix		tements verifying	g identity of abo	ove copies
- Brief Summary		ACCO	APANYING A	PPLICATIO	N PARTS
- Brief Description - Detailed Descrip		ignment Papers		document(s))	
- Claim(s) - Abstract of the I	Disclosure	10 (wh	CFR 3.73(b) Stat en there is an as	ssignee) 🗀	Power of Attorney
4. X Drawing(s) (35 U.	S.C. 113) [Total Sheets 18	1 -	glish Translation		pplicable) Copies of IDS
5. Oath or Declaration [Total Pages] 12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS					
13. Preliminary Amendment					
Copy from a prior application (37 CFR 1.63 (d)) b. (for continuation/divisional with Box 18 completed) 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
i. <u>DELET</u>	ION OF INVENTOR(S)	15. Ce	rtified Copy of Pr foreign priority is	riority Documer claimed)	ıt(s)
named in t	tement attached deleting inventor(s) he prior application, see 37 CFR and 1.33(b).	16. No (b)	npublication Rec (2)(B)(i). Applica	uest under 35	
or its equivalent. Application Data Sheet. See 37 CFR 1.76 Other:					
			**********	and in a prelimi	nary amendment
18. If a CONTINUING APPLI or in an Application Data She	CATION, check appropriate box, and seet under 37 CFR 1.76:				
Continuation	Divisional XX Continuation-in-part (CII	of prior ap	plication No.: 09	/540,935	<u> </u>
Prior application information.	ExaminerONAL APPS only: The entire disclosure o	Group A		th or declaration	is supplied under
Proceedings of a second	f the disclosure of the accompanying conf	uation or divisional a	application and is	nerepy incorpor	ated by reference.
The incorporation can only be	relied upon when a portion has been inad	ENCE ADDRESS	ine submitted app	meauon parts.	
(- <u>-</u>	15. CORNESPOR	Z.TOZ ADDICEGO			delena balan
Customer Number or Bar C	ode Label (sees f Egyptimer No. to Attac	ar existe (stati filoso)	or	Correspondence a	aress Delow
Name	Michael C. Mayo				
	Baxter Healthcare				
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City	Round Lake	State IL		Zip Code	60073
Country	U.S.	lephone 847/	270-2826	Fax	847/270-265
				dAmonth 20	
Name (Print/Type)	Michael C. Mayo)	Registratio	n No. (Attorne)	(IAgent) 38	3,545

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Date

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

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Complete if Known				
Application Number				
Filing Date				
First Named Inventor	Daniel Lynn			
Examiner Name				
Group Art Unit				
Attorney Docket No.	F-5235 CIP DIV CIP 2			

METHOD OF PAYMENT	FEE CALCULATION (continued)				
1. X The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to:	3. ADDITIONAL FEES				
indicated fees and credit any overpayments to: Deposit	Large Small				
Account 02-1443	Entity Entity				
Number	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid			
Deposit Account Name	105 130 205 65 Surcharge - late filing fee or oath				
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet				
Applicant claims small entity status. See 37 CFR 1.27	139 130 139 130 Non-English specification				
2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination				
Check Credit card Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action				
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action				
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month				
Large Entity Small Entity	116 390 216 195 Extension for reply within second month				
Fee Fee Fee Fee Description	117 890 217 445 Extension for reply within third month				
3000 (4) 3000 (4)	118 1,390 218 695 Extension for reply within fourth month				
101 710 201 355 Utility filing fee 710 00	128 1,890 228 945 Extension for reply within fifth month				
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal				
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal				
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing				
	138 1,510 138 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$)	140 110 240 55 Petition to revive - unavoidable				
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional				
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)				
Total Claims 18 -20** = X = =	143 440 243 220 Design issue fee				
Independent 2 - 3** = X ==	144 600 244 300 Plant issue fee				
Multiple Dependent =	122 130 122 130 Petitions to the Commissioner				
	123 50 123 50 Processing fee under 37 CFR 1.17(q)				
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt				
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)				
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection				
104 270 204 135 Multiple dependent claım, if not paid	(37 CFR § 1.129(a)) 149 710 249 355 For each additional invention to be				
109 80 209 40 ** Reissue independent claims over original patent	examined (37 CFR § 1.129(b))				
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)				
and over original patent	169 900 169 900 Request for expedited examination of a design application				
SUBTOTAL (2) (\$) 710.00	Other fee (specify)				
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				

SUBMITTED BY Complete (if applicable)			
Name (Print/Type)	Michael C. Maye	Registration No. (Attorney/Agent) 38.545	Telephone 847 / 270 – 2826
Signature	1/2/5/		Date 3/27/01

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